

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	9					
TOTAL CLAIMS	10					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						1
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						